1175051

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response: 16.00

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

Actual or Estimated Date of Incorporation or Organization: Month Year		
Filing Under (Check box(es) that apply):	Name of Offering (check if this is an amendment and name has changed, and ind	
Type of Filing:	Series A Preferred Stock Financing	IN TELEVIED (
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50	O6 Section 4(6) ULOE
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Type of Filing: New Filing Amendment	WAR & TOTAL
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Kryptiq Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) 1920 NW AmberGlen Parkway, Suite 100, Beaverton, OR 97006 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Internet Email Security Type of Business Organization corporation limited partnership, already formed other (please specify) Description of Incorporation or Organization: Actual or Estimated Date of Incorporation or Organization: City State, Zip Code) Telephone Number (Including Area Code) Same Telephone Number (Including Area Code) Same Month	A. BASIC IDENTIFICA	ΓΙΟΝ DATA
Address of Executive Offices (Number and Street, City, State, Zip Code) 1920 NW AmberGlen Parkway, Suite 100, Beaverton, OR 97006 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Internet Email Security Type of Business Organization Corporation Iimited partnership, already formed other (please specify)	Enter the information requested about the issuer	<u> </u>
Address of Executive Offices (Number and Street, City, State, Zip Code) 1920 NW AmberGlen Parkway, Suite 100, Beaverton, OR 97006 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Internet Email Security Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Actual or Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: (Ch) for Canada, Eh) for other foreign invisidation.	Name of Issuer (check if this is an amendment and name has changed, and ind	icate change.)
1920 NW AmberGlen Parkway, Suite 100, Beaverton, OR 97006 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Telephone Number (Including Area Code) Same Same Brief Description of Business Internet Email Security Type of Business Organization Iimited partnership, already formed other (please specify) PROCESSED	Kryptiq Corporation	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Internet Email Security Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Month Year Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: Coll for Canada: FN for other foreign jurisdiction) Thomson	Address of Executive Offices (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same Brief Description of Business Internet Email Security Type of Business Organization Corporation Iimited partnership, already formed other (please specify)	1920 NW AmberGlen Parkway, Suite 100, Beaverton, OR 97006	(503)906-6300
Brief Description of Business Internet Email Security Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Month Year Month Year Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: Coll for Canada: FN for other foreign jurisdiction) THOMSON		Telephone Number (Including Area Code)
Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Incorporation of Incorporation or Organization: Only for Corporation or Organ	(if different from Executive Offices) same	Same
Type of Business Organization Corporation	Brief Description of Business	
Corporation	Internet Email Security	
Actual or Estimated Date of Incorporation or Organization: Month Year		· _
Actual or Estimated Date of Incorporation or Organization: Month Year	☐ corporation ☐ limited partnership, already formed	other (please specify) PROCESSED
Actual or Estimated Date of Incorporation or Organization: O 1 0 2	business trust limited partnership, to be formed	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for County: FN for other foreign jurisdiction)	· · · · · · · · · · · · · · · · · · ·	Actual Estimated MAR 2 8 2003
CN for Conada: FN for other foreign jurisdiction)	• • • • • • • • • • • • • • • • • • • •	

GENERAL INSTRUCTIONSFederal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federa

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Director Check Box(es) that Apply: Promoter ⊠ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Machuca, Luis Business or Residence Address (Number and Street, City, State, Zip Code) 21012 NW Mullerleile Rd., Hillsboro, OR 97124 Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Koehler, Kurt Business or Residence Address (Number and Street, City, State, Zip Code) 339 NE 5th Ave., Hillsboro, OR 97124 ☐ Beneficial Owner □ Director General and/or Check Box(es) that Apply: ☐ Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Kilo, Dr. Charles Business or Residence Address (Number and Street, City, State, Zip Code) 9427 SW Barnes Road, Suite 590, Portland, OR 97225 ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Gill, Frank Business or Residence Address (Number and Street, City, State, Zip Code) 01740 SW Military Rd., Portland, OR 97219 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Bryant, Andy Business or Residence Address (Number and Street, City, State, Zip Code) 221 SW Moonridge, Portland, OR 97225 Beneficial Owner Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Sponaugle, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) 2617 NE Nova Ave., Hillsboro, OR 97124 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Karamchedu, Murali (Number and Street, City, State, Zip Code) Business or Residence Address 14825 SW Millikan Way, #1423, Beaverton, OR 97006 Beneficial Owner ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner

Full Name (Last name first, if individual)							
Saavedra, Jaime J.							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					
14195 NW Falcon Ridge Lane, Portland, OR	97229						
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Meltebeke, Brenda L.							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					
222 SW Columbia Street, Suite 1800, Portlan	nd, OR 97201-6618						
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Grillo, Peter James							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					
10915 NW Lost Park Drive, Portland, OR 9	7229						
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
James A. Russell							
Business or Residence Address (Number and Street, City, State, Zip Code)							
4648 31 st Ave NE, Olympia, WA 98516							

					B. INF	ORMAT	TON ABO	OUT OF	FERING				
												Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						_X_	_					
					Answer al	so in Appen	dix, Column	2, if filing u	ınder ULOE.				
2.	What i	s the mini	mum investi	nent that will	be accepted	d from any ii	ndividual?					\$_10,00	00_
												Yes	No
3.	Does t	he offering	g permit joir	it ownership	of a single u	nit?						<u>X</u>	
4.	or similisted i	ilar remun s an assoc broker or	neration for stated persor dealer. If m	ted for each posticitation of nor agent of a nore than five that broker or	f purchasers a broker or e (5) persons	in connecti dealer regist s to be listed	on with sales ered with the	of securitie SEC and/o	es in the offer r with a state	ering. If a perior or states, li	erson to be st the name		
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	e Address		(Number	and Street,	City, State, 2	ip Code)					
Nam	ne of Ass	ociated Br	oker or Deal	er		*							- Turk
State	es in Wh	ich Person	Listed Has S	Solicited or Int	tends to Solid	cit Purchasers	3	<u> </u>					
	(Check	"All State	s" or check is	ndividual Stat	es)							☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]
			e first, if ind			[9.]		(121)					
Bus	iness or	Residence	e Address	···	(Number	and Street,	City, State, 2	(ip Code)				 -	
Nam	ne of Ass	sociated Br	oker or Deal	er									
State	es in Wh	ich Person	Listed Has S	Solicited or Int	tends to Solie	cit Purchasers					, 		
				ndividual Stat								□ All	States
[•	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI] Name ([SC] Last name	[SD] e first, if ind	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Bus	iness or	Residence	e Address		(Number	and Street,	City, State, 2	(ip Code)					
Nan	ne of Ass	sociated Br	oker or Deal	er				,					
State	es in Wh	ich Person	Listed Has S	Solicited or In	tends to Soli	cit Purchaser		<u></u> -					
	(Check	"All State	s" or check i	ndividual Stat	es)			•••				☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
_	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
_	MT } RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	ND USE OF PRO	CEEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>2,500,000</u>	\$2,192,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>2,500,000</u> _	\$ <u>2,192,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	48	\$ <u>2,127,000</u>
	Non-accredited Investors	5	\$65,000
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Turne	Dellar Assessed
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$ 10,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSES	AND USE OF I	PROCE	EEDS				
	b. Enter the difference between the aggregate offering price given in response to P Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."	e is the	:		\$ <u>2,182,000</u>				
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth set forth in response to Part C – Question 4.b above.									
			Payments to Officers Directors, & Affiliates	,	Payments to Others				
	Salaries and fees	\boxtimes	\$_1,000,000		\$				
	Purchase of real estate		\$		\$				
	Purchase, rental or leasing and installation of machinery and equipment		\$		\$				
	Construction or leasing of plant buildings and facilities		\$		\$				
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	_	_	_					
	pursuant to a merger)		\$		\$				
	Repayment of indebtedness		\$		\$				
	Working capital		\$		\$ <u>1,182,000</u>				
	Other (specify):		\$		\$				
			\$		\$				
	Column Totals	\boxtimes	\$ <u>1,000,000</u>	\boxtimes	\$ <u>1,182,000</u>				
	Total Payments Listed (column totals added)		⊠ \$ <u>2</u> ,	182,000					
	D. FEDERAL SIGNATURE								
con issu Issu	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no stitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, uper to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. er (Print or Type) Signature	on writte	en request of its staff, to						
	ptiq Corporation		March 19, 2003						
	ne of Signer (Print or Type) It tile 6f Signer (Print or Type) Ned L. Meltebeke Secretary								

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)